

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on May 11, 2004.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that CPT Codes 99212, 99211, 97140, 97110, 97032, 97035, 97113, and 97112 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

The requestor submitted a letter withdrawing CPT Codes 95925 for date of service 12/05/03 and 99212 for date of service 12/16/03; therefore, these codes will not be reviewed.

On July 2, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

- CPT Code 95904 (6 units) for date of service 12/05/03 denied as "A – Pre-authorization was required, but not requested for this service per TWCC Rule 134.600". Per Rule 134.600(h)(8) repeat diagnostic studies must be preauthorized if the fee is greater than \$350. The carrier has not submitted convincing evidence that the services billed are repeat diagnostics; therefore, reimbursement in the amount of \$370.68 ( $49.42 \times 125\% = 61.78 \times 6$ ) is recommended.
- CPT Code 95903 (4 units) for date of service 12/05/03 denied as "A – Pre-authorization was required, but not requested for this service per TWCC Rule 134.600". Per Rule 134.600(h)(8) repeat diagnostic studies must be preauthorized if the fee is greater than \$350. The carrier has not submitted convincing evidence that the services billed are repeat diagnostics; therefore, reimbursement in the amount of \$320.56 ( $64.11 \times 125\% = 80.14 \times 4$ ) is recommended.
- CPT Code 95934 (4 units) for date of service 12/05/03 denied as "A – Pre-authorization was required, but not requested for this service per TWCC Rule 134.600". Per Rule 134.600(h)(8) repeat diagnostic studies must be preauthorized if the fee is greater than \$350. The carrier has not submitted convincing evidence that the services billed are

repeat diagnostics; therefore, reimbursement in the amount of \$187.00 (\$46.75 x 125% = \$46.75 x 4) is recommended.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 12/05/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 29th day of October 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf  
Enclosure: IRO Decision

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**

Ph. 512/248-9020  
IRO Certificate #4599

Fax 512/491-5145

**NOTICE OF INDEPENDENT REVIEW DECISION**

August 23, 2004

**Re: IRO Case # M5-04-2990** amended 8/24/03

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of

the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

#### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Letter from carrier to IRO 7/13/04
4. Review 10/3/03
5. Treatment dates chart
6. Treatment notes from clinic
7. Designated doctor evaluation 9/23/03
8. Initial evaluation from requestor 2/12/04
9. Medical report 2/17/04
10. Psychological report 8/19/03
11. Report 6/3/03
12. FCE report 8/14/03
13. MRI report lumbar spine 9/11/03
14. MRI report left knee 7/17/03
15. Electrodiagnostic report 12/5/03
16. Treatment notes from requestor

#### History

The patient injured her low back and left knee while she was driving in \_\_\_\_ when her foot slipped off the clutch and she rear-ended another vehicle. The patient received chiropractic treatment, and reportedly her symptoms resolved after 27 visits. In November 2003, the patient changed her treating doctor and resumed chiropractic care in the same clinic. The patient has been treated with medication, therapeutic exercises, physical therapy and chiropractic treatment.

#### Requested Service(s)

OV, manual therapeutic technique, therapeutic exercises, electrical stimulation, ultrasound, aquatic therapy, neuromuscular reeducation 12/9/03 – 2/27/04

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient received an extensive course of chiropractic treatment with her first chiropractor with good results. In a 10/3/03 review, it is reported that the patient responded and achieved resolution after around 27 chiropractic office visits. The 10/3/03 review also notes that "an impairment rating and return to work at full capacity would be in order." Yet two months later, the patient changed doctor and resumed another extensive course of chiropractic treatment.

The documentation from the treating D.C. fails to support the resumption of treatment, and does not document aggravation or flare ups of the original injury. The documentation fails to show any measurable or subjective improvement under the treating D.C.'s care. On 2/25/04, after about three months of treatment, the patient still had a VAS of 8/10, with a sharp stabbing pain in her lower back and left leg. The documentation also lacks objective, quantifiable findings to support treatment, such as ranges of motion, palpatory findings, or graded strength measurements. The documentation does not show a treatment plan with goals to return to work. The treatment in dispute was over utilized, not cost effective and too intense for a diagnosed soft tissue injury.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

---

Daniel Y. Chin, for GP